

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Received by (Please Print Clearly) <u>Bob Marcato</u> B. Date of Delivery <u>5-15-07</u></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Safety Guide of Alabama c/o Michael C. Marcato Registered Agent 552 Oliver Road Montgomery, AL 36117</p>		<p>C. Signature <u>x Bob Marcato</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;"><u>07cv414 S &amp; C</u></p>	
		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Copy from service label)</p>		<p><u>7002 2030 0004 1449 8433</u></p>	
PS Form 3811, July 1999		Domestic Return Receipt	
		102595-00-M-0952	